

ALABAMA BOARD OF FUNERAL SERVICE  
ESTABLISHMENT RENEWAL APPLICATION

Mail to: P.O. Box 309522  
Montgomery, AL 36130

ESTABLISHMENT NAME: \_\_\_\_\_ PHONE No.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Application is hereby submitted for renewal of license as funeral establishment operator under the provision of Section 34-13-53, Code of Alabama, 1975, for the **fiscal year ending September 30, 2014**. The annual renewal fee of **\$250.00** is included. Any renewal application submitted after October 1<sup>st</sup> shall include a **\$50.00** penalty fee.

MANAGING FUNERAL DIRECTOR:

_____	_____	_____
Name	Address	License#

MANAGING EMBALMER:

_____	_____	_____
Name	Address	License#

Does this establishment sell pre-need funerals? ☐ YES ☐ NO

If yes, provide your Certificate of Authority License No.: \_\_\_\_\_

TYPE OF OWNERSHIP: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

**\*\*If Proprietorship or Partnership, list name(s) of owner(s). If Corporation or LLC, list corporate name, officers, and titles of those officers. (If additional space is needed, please provide information on an enclosed sheet.)**

I certify that I am (owner) a citizen of the United States or legally present in the United States? ☐ YES ☐ NO

I understand that any false information will subject my license to suspension or revocation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO ESTABLISHMENT

Sworn and subscribed before me, a Notary Public in State of Alabama on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_

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***RENEWAL***